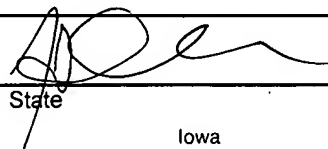


DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MICHAEL J.		WELSH	
Inventor's Signature			Date
<i>Michael J. Welsh</i>			9/13/03
Residence: City	State	Country	Citizenship
Riverside	Iowa	USA	USA
Mailing Address			
3460 560th Street S.W.			
City	State	ZIP	Country
Riverside	Iowa	52327	USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
JOHN A.		WEMMIE	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Iowa City	Iowa	USA	USA
Mailing Address			
Welsh Lab 500 EMRB, Department of Psychiatry, University of Iowa College of Medicine			
City	State	ZIP	Country
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">MICHAEL J.</div>		Family Name or Surname <div style="text-align: center;">WELSH</div>	
Inventor's Signature			Date
Residence: City <div style="text-align: center;">Riverside</div>	State <div style="text-align: center;">Iowa</div>	Country <div style="text-align: center;">USA</div>	Citizenship <div style="text-align: center;">USA</div>
Mailing Address <div style="text-align: center;">3460 560th Street S.W.</div>			
City <div style="text-align: center;">Riverside</div>	State <div style="text-align: center;">Iowa</div>	ZIP <div style="text-align: center;">52327</div>	Country <div style="text-align: center;">USA</div>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">JOHN A.</div>		Family Name or Surname <div style="text-align: center;">WEMMIE</div>	
Inventor's Signature 			Date <div style="text-align: center;">9/16/03</div>
Residence: City <div style="text-align: center;">Iowa City</div>	State <div style="text-align: center;">Iowa</div>	Country <div style="text-align: center;">USA</div>	Citizenship <div style="text-align: center;">USA</div>
Mailing Address <div style="text-align: center;">Welsh Lab 500 EMRB, Department of Psychiatry, University of Iowa College of Medicine</div>			
City <div style="text-align: center;">Iowa City</div>	State <div style="text-align: center;">Iowa</div>	ZIP <div style="text-align: center;">52242</div>	Country <div style="text-align: center;">USA</div>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			